


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000008371</b>	
1. Entity Name <b>WATERMAN MINISTRIES, INC.</b>	

Principal Place of Business <b>1866 LOMA LINDA ST. SARASOTA, FL 34239</b>	Mailing Address <b>1866 LOMA LINDA ST. SARASOTA, FL 34239</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>51-0436279</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**EDWIN L. FORD, P.A.  
107 S OSPREY AVE  
210  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WATERMAN, JERRY 1866 LOMA LINDA ST. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BENSON, LARRY 1866 LOMA LINDA ST. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, JUDY 9540 SOUTH MAYFIELD OAK LAWN, IL 60453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000715535  
04/27/07-80069-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Rev. Jerry Waterman* **4/16/07** *Day 941-365-7172*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #